

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030038

STATE FILE NUMBER

AMENDED

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 145

FILED SEP 5 1961

## 1. PLACE OF DEATH

a. COUNTY

Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ChillicotheLength of stay in 1b  
2 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 505 Second St.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Livingston

c. CITY OR TOWN Chillicothe

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

309 Vine

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

George

William

Rice

4. DATE OF DEATH

Month

Day

Year

Aug. 26, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

Dec. 9, 1879

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Car Repair

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Chillicothe, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

James W. Rice

13b. MOTHER'S MAIDEN NAME

Mary Ann Gray

14. NAME OF HUSBAND OR WIFE

Ica Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ica Rice Chillicothe, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asystole

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Nephrosclerosis -

DUE TO (c)

Chronic glomerular nephritis

INTERVAL BETWEEN ONSET AND DEATH

1 yr

3 yrs

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

2 strokes 4 yrs ago

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 1958, to Aug 26 1961 and last saw him alive on Aug 25 - 1961

Death occurred at 5:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas L. Milayo M.D.

22b. ADDRESS

Chillicothe Mo

22c. DATE SIGNED

8-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

Aug 28, 1961

23c. NAME OF CEMETERY OR CREMATORY

Resthaven Mem Gardens Chillicothe, Mo

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lindley Funeral Home, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 28, 1961

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1961

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. J. Lindley

Licensed Embalmer No. 4834

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.